



Wisconsin Department of Public Instruction

## LICENSE APPLICATION— INITIAL OUT-OF-STATE

PI-1602-OS (Rev. 3-05)

Page 1 Application forms available at:

[www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)

### FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**We do not accept applications by FAX.**

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### WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

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- ◆ Use the correct form. The PI-1602-OS application is used by any applicant for a Wisconsin educator license who completed an approved college or university educator preparation program (for teaching, pupil services, or administration) **outside** of Wisconsin. If you have questions about licensing in Wisconsin, see FAQ—Non-Wisconsin Graduates at [www.dpi.state.wi.us/dlsis/tel/fqlinit.html](http://www.dpi.state.wi.us/dlsis/tel/fqlinit.html).
- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied “back-to-back” since pages of this application are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ Mail the application, transcripts, PI-1602-A Conduct and Competency Review, and fingerprint cards to DPI in one submission. Send PI-1612/PI-1613 forms to institutions/employers. Forms are available at: [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html).
- ◆ Verify the date that DPI received your application by checking the license data base at: [www.dpi.state.wi.us/dlsis/tel/lisearch.html](http://www.dpi.state.wi.us/dlsis/tel/lisearch.html).

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### LICENSE APPLICATION INFORMATION

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- I. Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. License(s) Requested:** Describe the type of license(s) requested. Complete the phonics section if you request teacher licensure for early childhood, elementary, or reading teacher/specialist. See [www.dpi.state.wi.us/dlsis/tel/fqlphon.html](http://www.dpi.state.wi.us/dlsis/tel/fqlphon.html) for Phonics FAQs.
- III. Post-Secondary Education and Institutional Endorsement:** The date you completed your initial educator preparation program affects evaluation of the application. For example, if you completed the initial program after August 31, 1992, you must have passing scores on the Praxis I PPST (or CBT) or other state-approved skills test in reading (175 (322)), writing (174 (320)), and mathematics (173 (318)). The certifying officer of the institution will complete Section II of the PI-1612 (including your state skills test status) and forward the form to DPI. In addition, if you completed your teacher training program after August 31, 2004, you are required to also verify successful completion of Wisconsin content area test(s). For more information, see [www.dpi.state.wi.us/dlsis/tel/doc/testing.doc](http://www.dpi.state.wi.us/dlsis/tel/doc/testing.doc)
- Foreign Applicants:** If you completed your training program outside the United States, submit a detailed course by course credential evaluation *instead of PI-1612 forms and transcripts*. See [www.dpi.state.wi.us/dlsis/tel/foreign.html](http://www.dpi.state.wi.us/dlsis/tel/foreign.html).
- IV. Experience Verification:** Employers complete Section II of the PI-1613 Employment Verification form and forward it to DPI. PI-1613 forms are very important for administrators, reading teachers/specialists, and applicants with fewer than 18 weeks of student teaching. If you have not been employed in the teaching field in the previous five years you must submit evidence (original grade reports or transcripts) that you completed six semester credits or the equivalent of refresher course work during that time.
- Note: Administrator licenses** (except school business manager) require **eligibility** to hold a Wisconsin teaching or pupil services license (even if you do not apply for a teaching or pupil services license) and require verification of at least 3 years of full-time teaching experience or 3 years experience as a school psychologist, counselor or social worker **that includes at least 540 hours of successful classroom teaching experience**. **Reading Teacher/Specialists licenses** require verification of at least 2 years of successful regular classroom teaching experience.

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### PAYMENT AND MAILING INSTRUCTIONS

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Fee payment of \$150 must be mailed with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. The application fee is subject to change without notice.

**CHECK OR MONEY ORDER:** Make payable for \$150 to: **Dept. of Public Instruction**. *Attach the check/ money order securely to the front of the application page containing personal information (page 2).* **Do not mail this page (page 1) if paying by check or money order.**

**CREDIT CARD:** MasterCard or Visa only (no debit cards). Fill in account information. This credit card payment page must have an original signature and will be retained by our bank. This page is not forwarded to DPI, so be sure that the reverse side does not contain any information needed to process the application. **Attach this page on top of other application materials.**

Account Number										<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA					
										<b>\$150</b>				Print or Type Cardholder Name  Signature ➤			
Expiration Date Month      Year										Amount							

**MAIL** (regular 1<sup>st</sup> class U.S. mail only) application, transcripts, license photocopies, and payment to DPI's bank address below.

**DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

**The bank will deposit your fee, then courier all materials to licensing consultants for review.**

**Do not send or fax applications to DPI's Madison office.**



Wisconsin Department of Public Instruction

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## FOR INFORMATION CONTACT

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Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**DO NOT FAX THE APPLICATION.**

### I. APPLICANT INFORMATION

Legal Name <i>First</i>		<i>Middle</i>	<i>Last</i>	
Previous Name(s)		Social Security Number*		Date of Birth <i>Mo./Day/Yr.</i>
Address				P.O. Box
City		State	Zip Code	Zip Plus 4
Primary Telephone <i>Include area code</i>		Ext.	Alternate Telephone <i>Include area code</i> Ext.	
E-mail Address				

### II. LICENSE(S) REQUESTED *Describe the teaching, pupil services or administrative license(s) requested below.*

Grade Level(s)	Subject(s)	and/or	Position(s)	Date License to Begin July 1, ____
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☐ Check here for a **Substitute Teaching License Only**. Attach copy of a teaching license you hold/held (see below). Fill in begin date above.

If you hold or held an educator license in any U.S. state/territory, **attach a copy of your license** and complete the statement below.

☐ I am currently OR ☐ I was previously licensed in the state/territory of: \_\_\_\_\_.

**Applicants for Elementary, Early Childhood, Reading Teacher/Specialist Licenses:** State law requires training in the teaching of reading that includes phonics (teaching reading using letter sounds and the sounds of letter groups) as a method. (See instructions.) **Check one.** Phonics Training ☐ was completed (e.g., a course, conference, seminar, workshop) OR ☐ was not completed.

### III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT *PI-1612 form(s) required (see instructions).*

Provide the date that you graduated from your initial state-approved educator preparation program. \_\_\_\_\_ (*Month/Day/Year*)  
List all institutions where you earned a degree or completed an educator licensing program. Attach an original transcript from each institution to this application. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to *each institution*.

Institution of Higher Education	Location (City, State)	Date PI-1612 Sent	Original Transcript ( <i>no photocopies</i> )	
			<input type="checkbox"/> Attached	<input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached	<input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached	<input type="checkbox"/> To be mailed separately*

\* Send separate transcripts to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841. Include full name and social security number on each.

**Applicants who completed a non-United States educator preparation program:** PI-1612 forms and transcripts are not required. Instead, attach a credential evaluation. Credential Evaluation: ☐ Attached ☐ Submitted previously ☐ To be mailed separately

### IV. EXPERIENCE VERIFICATION *PI-1613 form(s) required (see instructions).*

List each district or education agency where you have been employed as an educator. Send a PI-1613 Employment Verification form (applicant information completed) to each. *Administrators and Reading Teacher/Specialists: See instructions regarding experience requirement.*

School District/Agency	Location (City, State)	Dates of Employment	Date PI-1613 Sent

#### For DPI Use Only

- ☐ FP  
☐ Conduct

#### For Bank Use Only

Amount of Remittance  
**\$150**

Date Stamp

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev. 3-03)

Page 1

Application forms are available at: [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)**ANSWER ALL QUESTIONS**

1. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. **Your signature on this form must be notarized. Most schools have a notary public on staff.**

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	10. Is any criminal charge or investigation pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning <b>your conduct</b> as an educator or in an educationally related position?
12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response. <input type="checkbox"/> I am required to submit fingerprint cards with my application. <b>Indicate status of cards below.</b> <input type="checkbox"/> Completed cards are enclosed      OR <input type="checkbox"/> Cards will be submitted separately. <input type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards are not required at this time.	
<b>For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.</b>	

\*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application **if no further conviction(s) has occurred.**

**IMPORTANT: You must respond to ALL questions 1-12.**

<b>UNDER OATH</b> , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license.	
<b>I HEREBY AUTHORIZE</b> any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.	
Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____ in the year _____.
Signature ( <i>Sign in blue or black ink, in presence of a Notary Public</i> ) ➤	_____ Notary Public, _____
Social Security No.**	My commission expires on _____

\*\*Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

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**INSTRUCTIONS AND DEFINITIONS**  
**CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

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The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Respond to all questions.** We cannot issue a license unless all questions are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprint Cards:** *Read **ALL** the criteria below carefully. Determine whether fingerprint cards are required in your situation and indicate your response in item 12 of the Conduct and Competency Review.* (If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction.)

- If you have worked, resided, or attended college in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain in the last twenty years after age 17, **you must submit fingerprint cards** with your license application.
- Even if you previously submitted fingerprint cards to the Department of Public Instruction **you must submit fingerprint cards again if, since the previous submission, you have worked, resided, or attended college in any of the locations listed above.** (If you previously submitted cards that met approved FBI/CIB standards *and* have not worked, resided, or attended college in any of the locations above since submitting your cards to DPI, then new cards are not required.)
- If your license application contains a non-Wisconsin mailing address, you must submit fingerprint cards unless the following exception applies. If you have never worked, resided, or attended college in a state other than Wisconsin, a U.S. territory listed above, Canada, or Great Britain you are not required to submit fingerprint cards.

**How to Obtain Fingerprint Cards:** To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to [tcert@dpi.state.wi.us](mailto:tcert@dpi.state.wi.us). Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

**NOTE:** Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See [www.dpi.state.wi.us/dlsis/tel/fphelp.html](http://www.dpi.state.wi.us/dlsis/tel/fphelp.html) for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.

3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: [www.dpi.state.wi.us/dlsis/tel/notary.html](http://www.dpi.state.wi.us/dlsis/tel/notary.html).

## Definitions

*“Immoral Conduct”* means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

*“Incompetence”* means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

## Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



**I. APPLICANT INFORMATION** *Complete and Forward To Institution*

Legal Name <i>First</i>	<i>Middle Init.</i>	<i>Last</i>	Social Security No.*
Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** *Complete and Return to DPI*

**1. Did the applicant complete your institution's state-approved program leading to educator licensing?**

☐ YES, Applicant completed program on: \_\_\_\_\_ (Mo./Yr.)

*Identify below Educator License(s) for which applicant qualifies in your state.*

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

☐ NO, *Explain:*

**2. The above license(s) are recommended based on completion of a:**

☐ Broad Field Major in: \_\_\_\_\_ with concentration(s) in \_\_\_\_\_

☐ Major in: \_\_\_\_\_

☐ Minor in: \_\_\_\_\_

**3. Supervised Field Experiences** (complete a and b, or c):

a. Applicant completed a pre-student teaching practicum(s) in: \_\_\_\_\_ (Subjects/Grades)

b. Applicant completed student teaching in \_\_\_\_\_ (Subjects/Grades)  
for \_\_\_\_\_ Weeks in an: ☐ Elementary School ☐ Middle School ☐ High School ☐ Other Setting

c. Applicant completed a graduate practicum?

☐ Yes, *Position and Level:* \_\_\_\_\_ ☐ No

**4. Testing — Did the applicant meet your state's passing scores on a:**

a. Basic skills test in reading (R), writing (W), and math (M)?

☐ Yes, Test Name(s) and Year: \_\_\_\_\_ ☐ No ☐ Test Not Required

Scores R= \_\_\_\_\_ W= \_\_\_\_\_ M= \_\_\_\_\_

b. Standardized content test in all areas of licensure listed in question 1 above?

☐ Yes, Test Name(s) and Year: \_\_\_\_\_ ☐ No ☐ Test Not Required

Scores \_\_\_\_\_

**I, THE CERTIFYING OFFICER, CONFIRM** that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>



**INSTRUCTIONS TO EMPLOYER:** Complete and return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
TEACHER LICENSING  
P.O. BOX 7841  
MADISON, WI 53707-7841**

**FAX Number:** (608) 264-9558

**Website:** [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**This form is available at**  
[www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf](http://www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf)

**To the Applicant:**

Please complete the top part of the form and forward it to your employer (District Administrator or Personnel Director) for verification.

**APPLICANT INFORMATION**  
*Complete and Forward to District*

Name—Last	First	Middle	Other	Social Security Number*
Name of Employing School District / Agency				Location of Employment
Position Held				Employment Dates From <i>Month/Year</i> To <i>Month/Year</i>

**VERIFICATION BY EMPLOYER**

**To the Employer:**

Please check your records and provide the requested information to verify that the above applicant has had successful employment. List any exceptions or limitations in the space provided below. ***Complete and mail or fax to DPI.***

Applicant's Position <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Other <i>Specify</i> _____	Grades Taught <i>If applicable</i>
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*If assigned to teach in a departmentalized elementary or secondary school:*

Subjects Taught (Be Specific)	Dates (Month/Year)	
	From	To
	From	To
	From	To
	From	To

Exceptions, Limitations or Other Comments

**TO THE BEST OF MY KNOWLEDGE**, all information presented on this form is accurate and the above mentioned educational employment was successful.

Name of School District or Employer

Signature of Employer 	Date Signed
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Title	Employer Telephone <i>Area Code/No.</i>
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\*Collection of Social Security number is voluntary and is used solely for validation purposes and will not be released without written permission.

Employer—Please return this form to DPI—Teacher Licensing.